



IN THE UNITED STATES

PATENT AND TRADEMARK OFFICE

APPLICANT: Mark Ireton

APPLICATION NO.: 09/783,244

FILING DATE: February 13, 2001

TITLE: ENSURING LEGITIMACY OF DIGITAL MEDIA

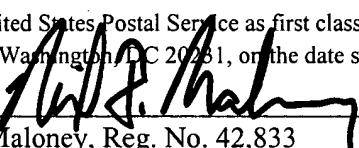
EXAMINER: UNASSIGNED

GROUP ART UNIT: 2131

ATTY. DKT. NO.: 18235-05421 (S30133US1.1)

CERTIFICATE OF MAILING

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Dated: July 5, 2001 By:
Neil F. Maloney, Reg. No. 42,833

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RESPONSE TO NOTICE TO FILE MISSING
PARTS OF APPLICATION

SIR:

Responsive to the Notice to File Missing Parts dated May 16, 2001 received in the above-identified patent application,

Enclosed are:

- a copy of the Notice to File Missing Parts;
- an original, signed Declaration;
- an original, signed Power of Attorney or Authorization of Agent;
- an Application Data Sheet;

- payment in the amount of \$1,082.00 for the
 - application filing fee;
 - fee for additional claims; and
 - missing parts surcharge.
- Other
- Applicant claims small entity status under 37 C.F.R. § 1.27.

Respectfully submitted,

MARK IRETON

Dated: July 5, 2001

By: 
Neil F. Maloney, Reg. No. 42,833
Attorney for Applicant
Fenwick & West LLP
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Palo Alto, CA 94306
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PTO/SB/21 (modified)

Approved for use through xx/xx/xx, OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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|--|----|------------------------|---------------------------|
| U.S. Department of Commerce Patent and Trademark Office Rev. 10/95 | | Application Number | 09/783,244 |
| | | Filing Date | February 13, 2001 |
| | | First Named Inventor | Mark Ireton |
| | | Group Art Unit Number | 2131 |
| | | Examiner Name | UNASSIGNED |
| Total Number of Pages in This Submission | 10 | Attorney Docket Number | 18235-05421 (S30133US1.1) |

ENCLOSURES (check all that apply)

| | |
|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Response to Notice to File Missing Parts <input checked="" type="checkbox"/> Copy of Notice to File Missing Parts <input checked="" type="checkbox"/> Declaration <input checked="" type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO-1449 <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney | <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Letter to Chief Draftsperson <input type="checkbox"/> Formal Drawing(s): <input type="checkbox"/> [] Sheet(s) of Figure(s) [] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <hr/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
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REMARKS:

SIGNATURE OF ATTORNEY OR AGENT

| | |
|--------------------|----------------------------------|
| Signature: | |
| Attorney/Reg. No.: | Neil F. Maloney, Reg. No. 42,833 |
| Dated: | July 5, 2001 |

CERTIFICATE OF MAILING

I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to Box Missing Parts, Commissioner for Patents, Washington, DC 20231 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.

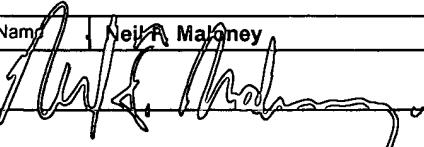
| | |
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| Signature: | |
| Typed or Printed Name: | Neil F. Maloney |
| Express Mail Mailing Number (optional): | |
| Dated: | July 5, 2001 |



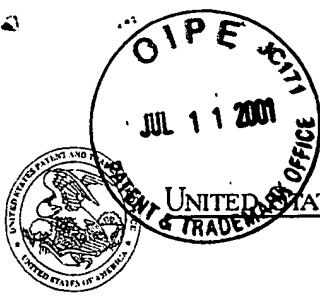
PTO/SB/17 (10-00)(modified)
Approved for use through 09/29/01, OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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|---|--|--|--|--------------------------|-------------------|
| 0002/PTO (TM) U.S. Department of Commerce Rev. 10/2000 | | U.S. Department of Commerce Patent and Trademark Office | | Complete if Known | |
| | | | | Application Number | 09/783,244 |
| | | | | Filing Date | February 13, 2001 |
| | | | | First Named Inventor | Mark Ireton |
| | | | | Group Art Unit | 2131 |
| | | | | Examiner Name | UNASSIGNED |
| | | TOTAL AMOUNT OF PAYMENT Subtotal (1) + Subtotal (2) + Subtotal (3) = | | Attorney Docket Number | 18235-05421 |
| | | (\$ 1,082.00) | | | |

| METHOD OF PAYMENT | | FEES CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. The Commissioner is hereby authorized to: <ul style="list-style-type: none"> <input type="checkbox"/> Charge the indicated fees to the below mentioned deposit account. <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.[†] <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 | | 3. ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;">Large Entity</th> <th style="text-align: left; width: 30%;">Small Entity</th> <th style="text-align: left; width: 40%;">Fee Description</th> <th style="text-align: right; width: 10%;">Fee Due</th> </tr> </thead> <tbody> <tr><td>Fee Code/Fee</td><td>Fee Code/Fee</td><td></td><td></td></tr> <tr><td>105/\$130</td><td>205/\$65</td><td>Surcharge - late filing fee or oath</td><td style="text-align: right;">130</td></tr> <tr><td>127/\$50</td><td>227/\$25</td><td>Surcharge-late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>147/\$2,520</td><td>147/\$2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>115/\$110</td><td>215/\$55</td><td>Extension for response within first month[†]</td><td></td></tr> <tr><td>116/\$390</td><td>216/\$195</td><td>Extension for response within second month[†]</td><td></td></tr> <tr><td>117/\$890</td><td>217/\$445</td><td>Extension for response within third month[†]</td><td></td></tr> <tr><td>118/\$1,390</td><td>218/\$695</td><td>Extension for response within fourth month[†]</td><td></td></tr> <tr><td>128/\$1,890</td><td>228/\$945</td><td>Extension for response within fifth month[†]</td><td></td></tr> <tr><td>119/\$310</td><td>219/\$155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>141/\$1,240</td><td>241/\$620</td><td>Petition to revive unintentionally abandoned application</td><td></td></tr> <tr><td>142/\$1,240</td><td>242/\$620</td><td>Utility Issue Fee (Or Reissue)</td><td></td></tr> <tr><td>143/\$440</td><td>243/\$220</td><td>Design Issue Fee</td><td></td></tr> <tr><td>122/\$130</td><td>122/\$130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>126/\$180</td><td>126/\$180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>179/\$710</td><td>279/\$355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>581/\$40</td><td>581/\$40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146/\$710</td><td>246/\$355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149/\$710</td><td>249/\$355</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td colspan="4" style="text-align: center;">Other fee (specify):</td></tr> <tr><td colspan="4" style="text-align: center;">Other fee (specify):</td></tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (1)</td> <td colspan="4" style="text-align: right;">(\$ 710)</td> </tr> <tr> <td colspan="2"> 2. CLAIMS <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;">Large Entity</th> <th style="text-align: left; width: 30%;">Small Entity</th> <th style="text-align: left; width: 40%;">Fee Description</th> </tr> </thead> <tbody> <tr><td>Fee Code/Fee</td><td>Fee Code/Fee</td><td>Fee Description</td></tr> <tr><td>103/\$18</td><td>203/\$9</td><td>Claims in excess of 20</td></tr> <tr><td>102/\$80</td><td>202/\$40</td><td>Independent claims in excess of 3</td></tr> <tr><td>104/\$270</td><td>204/\$135</td><td>Multiple dependent claim</td></tr> <tr><td>109/\$80</td><td>209/\$40</td><td>Reissue independent claims over original patent</td></tr> <tr><td>110/\$18</td><td>210/\$9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> </td> <td colspan="4" style="text-align: right;"> SUBTOTAL (3) (\$ 130) </td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;"> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center; width: 15%;">For</th> <th style="text-align: center; width: 15%;">(Col. 1) No. of Existing Claims</th> <th style="text-align: center; width: 15%;">(Col. 2) Highest No. Previously Paid For</th> <th style="text-align: center; width: 15%;">(Col. 3) Extra**</th> <th style="text-align: center; width: 15%;">Fee</th> <th style="text-align: center; width: 15%;">Fee Due</th> </tr> </thead> <tbody> <tr> <td>TOTAL</td> <td style="text-align: center;">29</td> <td style="text-align: center;">minus*</td> <td style="text-align: center;">20 or 0</td> <td style="text-align: center;">=</td> <td style="text-align: center;">9</td> </tr> <tr> <td>INDEP</td> <td style="text-align: center;">4</td> <td style="text-align: center;">minus*</td> <td style="text-align: center;">3 or 0</td> <td style="text-align: center;">=</td> <td style="text-align: center;">1</td> </tr> <tr> <td colspan="6" style="text-align: center;">x x</td> </tr> <tr> <td colspan="6" style="text-align: center;">18 80</td> </tr> <tr> <td colspan="6" style="text-align: center;">= =</td> </tr> <tr> <td colspan="6" style="text-align: center;">162 80</td> </tr> <tr> <td colspan="6" style="text-align: center;">= =</td> </tr> <tr> <td colspan="6" style="text-align: center;">[] First presentation of multiple dependent claim</td> </tr> </tbody></table> </td> </tr> <tr> <td colspan="2"></td> <td colspan="4" style="text-align: right;"> * Subtract the greater number of Col. 2 ** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3 </td> <td style="text-align: right;">SUBTOTAL (2) (\$ 242)</td> </tr> </tbody> </table> | | | | Large Entity | Small Entity | Fee Description | Fee Due | Fee Code/Fee | Fee Code/Fee | | | 105/\$130 | 205/\$65 | Surcharge - late filing fee or oath | 130 | 127/\$50 | 227/\$25 | Surcharge-late provisional filing fee or cover sheet | | 147/\$2,520 | 147/\$2,520 | For filing a request for reexamination | | 115/\$110 | 215/\$55 | Extension for response within first month [†] | | 116/\$390 | 216/\$195 | Extension for response within second month [†] | | 117/\$890 | 217/\$445 | Extension for response within third month [†] | | 118/\$1,390 | 218/\$695 | Extension for response within fourth month [†] | | 128/\$1,890 | 228/\$945 | Extension for response within fifth month [†] | | 119/\$310 | 219/\$155 | Notice of Appeal | | 141/\$1,240 | 241/\$620 | Petition to revive unintentionally abandoned application | | 142/\$1,240 | 242/\$620 | Utility Issue Fee (Or Reissue) | | 143/\$440 | 243/\$220 | Design Issue Fee | | 122/\$130 | 122/\$130 | Petitions to the Commissioner | | 126/\$180 | 126/\$180 | Submission of Information Disclosure Statement | | 179/\$710 | 279/\$355 | Request for Continued Examination (RCE) | | 581/\$40 | 581/\$40 | Recording each patent assignment per property (times number of properties) | | 146/\$710 | 246/\$355 | Filing a submission after final rejection (37 CFR 1.129(a)) | | 149/\$710 | 249/\$355 | For each additional invention to be examined (37 CFR 1.129(b)) | | Other fee (specify): | | | | Other fee (specify): | | | | SUBTOTAL (1) | | (\$ 710) | | | | 2. 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| Fee Code/Fee | Fee Code/Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105/\$130 | 205/\$65 | Surcharge - late filing fee or oath | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 147/\$2,520 | 147/\$2,520 | For filing a request for reexamination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 115/\$110 | 215/\$55 | Extension for response within first month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 116/\$390 | 216/\$195 | Extension for response within second month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 117/\$890 | 217/\$445 | Extension for response within third month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 118/\$1,390 | 218/\$695 | Extension for response within fourth month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 128/\$1,890 | 228/\$945 | Extension for response within fifth month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 119/\$310 | 219/\$155 | Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 141/\$1,240 | 241/\$620 | Petition to revive unintentionally abandoned application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 142/\$1,240 | 242/\$620 | Utility Issue Fee (Or Reissue) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 143/\$440 | 243/\$220 | Design Issue Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 122/\$130 | 122/\$130 | Petitions to the Commissioner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 126/\$180 | 126/\$180 | Submission of Information Disclosure Statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 179/\$710 | 279/\$355 | Request for Continued Examination (RCE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 581/\$40 | 581/\$40 | Recording each patent assignment per property (times number of properties) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 146/\$710 | 246/\$355 | Filing a submission after final rejection (37 CFR 1.129(a)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 149/\$710 | 249/\$355 | For each additional invention to be examined (37 CFR 1.129(b)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | (\$ 710) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. CLAIMS <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;">Large Entity</th> <th style="text-align: left; width: 30%;">Small Entity</th> <th style="text-align: left; width: 40%;">Fee Description</th> </tr> </thead> <tbody> <tr><td>Fee Code/Fee</td><td>Fee Code/Fee</td><td>Fee Description</td></tr> <tr><td>103/\$18</td><td>203/\$9</td><td>Claims in excess of 20</td></tr> <tr><td>102/\$80</td><td>202/\$40</td><td>Independent claims in excess of 3</td></tr> <tr><td>104/\$270</td><td>204/\$135</td><td>Multiple dependent claim</td></tr> <tr><td>109/\$80</td><td>209/\$40</td><td>Reissue independent claims over original patent</td></tr> <tr><td>110/\$18</td><td>210/\$9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> | | Large Entity | Small Entity | Fee Description | Fee Code/Fee | Fee Code/Fee | Fee Description | 103/\$18 | 203/\$9 | Claims in excess of 20 | 102/\$80 | 202/\$40 | Independent claims in excess of 3 | 104/\$270 | 204/\$135 | Multiple dependent claim | 109/\$80 | 209/\$40 | Reissue independent claims over original patent | 110/\$18 | 210/\$9 | Reissue claims in excess of 20 and over original patent | SUBTOTAL (3) (\$ 130) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | Small Entity | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code/Fee | Fee Code/Fee | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103/\$18 | 203/\$9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102/\$80 | 202/\$40 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104/\$270 | 204/\$135 | Multiple dependent claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109/\$80 | 209/\$40 | Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110/\$18 | 210/\$9 | Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center; width: 15%;">For</th> <th style="text-align: center; width: 15%;">(Col. 1) No. of Existing Claims</th> <th style="text-align: center; width: 15%;">(Col. 2) Highest No. Previously Paid For</th> <th style="text-align: center; width: 15%;">(Col. 3) Extra**</th> <th style="text-align: center; width: 15%;">Fee</th> <th style="text-align: center; width: 15%;">Fee Due</th> </tr> </thead> <tbody> <tr> <td>TOTAL</td> <td style="text-align: center;">29</td> <td style="text-align: center;">minus*</td> <td style="text-align: center;">20 or 0</td> <td style="text-align: center;">=</td> <td style="text-align: center;">9</td> </tr> <tr> <td>INDEP</td> <td style="text-align: center;">4</td> <td style="text-align: center;">minus*</td> <td style="text-align: center;">3 or 0</td> <td style="text-align: center;">=</td> <td style="text-align: center;">1</td> </tr> <tr> <td colspan="6" style="text-align: center;">x x</td> </tr> <tr> <td colspan="6" style="text-align: center;">18 80</td> </tr> <tr> <td colspan="6" style="text-align: center;">= =</td> </tr> <tr> <td colspan="6" style="text-align: center;">162 80</td> </tr> <tr> <td colspan="6" style="text-align: center;">= =</td> </tr> <tr> <td colspan="6" style="text-align: center;">[] First presentation of multiple dependent claim</td> </tr> </tbody></table> | For | (Col. 1) No. of Existing Claims | (Col. 2) Highest No. Previously Paid For | (Col. 3) Extra** | Fee | Fee Due | TOTAL | 29 | minus* | 20 or 0 | = | 9 | INDEP | 4 | minus* | 3 or 0 | = | 1 | x x | | | | | | 18 80 | | | | | | = = | | | | | | 162 80 | | | | | | = = | | | | | | [] First presentation of multiple dependent claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For | (Col. 1) No. of Existing Claims | (Col. 2) Highest No. Previously Paid For | (Col. 3) Extra** | Fee | Fee Due | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | 29 | minus* | 20 or 0 | = | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDEP | 4 | minus* | 3 or 0 | = | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 18 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 162 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| [] First presentation of multiple dependent claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | * Subtract the greater number of Col. 2 ** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3 | | | | SUBTOTAL (2) (\$ 242) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----------------------|---|---------------------------------|--------------|
| SUBMITTED BY | | Complete (If applicable) | |
| Typed or Printed Name | | Reg. Number | |
| Neil R. Maloney | | 42,833 | |
| Signature |  | | Date |
| | | | July 5, 2001 |

[†] Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby



UNITED STATES PATENT AND TRADEMARK OFFICE

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| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 09/783,244 | 02/13/2001 | Mark Ireton | 18235-05421 |

CONFIRMATION NO. 1690

00758
FENWICK & WEST LLP
TWO PALO ALTO SQUARE
PALO ALTO, CA 94306

FORMALITIES LETTER



OC00000006082220

Date Mailed: 05/16/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 710 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).
- Total additional claim fee(s) for this application is \$242.
 - \$162 for 9 total claims over 20.
 - \$80 for 1 independent claims over 3 .
- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 1082.**

*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

07/13/2001 MDANTE1 0000003 09783244

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| 01 FD:101 | 710.00 OP |
| 02 FD:103 | 162.00 OP |
| 03 FD:102 | 80.00 OP |
| 04 FD:105 | 130.00 OP |